

**PNC-CAT**  
**Advanced Photon Source, Argonne National Laboratory**  
**Beamtime Request Form**

**Period of Run:** \_\_\_\_\_

**User Name and Affiliation:** \_\_\_\_\_

**Brief Description of Experiment** \_\_\_\_\_

\_\_\_\_\_

**Number of Days Required:** \_\_\_\_\_

**Has safety form been submitted for this experiment in last 6 months?\*** ☐

**A. Desired time periods** (List in order of preference). Include time splits, weekend/week day preference, scheduling next to a specific collaborator, etc.

1.

2.

3.

**B. Dates you CANNOT take** (Include holidays, conferences, family events, etc.)

1.

2.

3.

Deadline to return this information: **Two weeks before start of run.**

Please return to: Pat Burns, Physics Department, University of Washington  
Box 351560, Seattle, WA 98195, Fax: (206) 543-9523

\* Experiment safety review process must be completed before the CAT allocates beamtime to the experiment concerned. Each reviewed form expires in 6 months. Please submit Safety Review form prior to or at same time as beamtime request, if necessary.